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#### **COVER LETTER**

TO: Registration Section
Division of Corporations

Procom Wireless, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

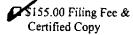
Karen Jenkins	
Name of Person	
Procom Wireless, LLC	
Firm/Company	<del></del>
2020 Avalon Pkwy., Suite 205-305	
Address	<del></del>
McDonough, GA 30253	
City/State and Zip Code	2
kjenkins@procomwireless.net	ZIIS JAN 30
E-mail address: (to be used for future annual report notification)	and the same
For further information concerning this matter, please call:	<u> </u>
Karen Jenkins 4,678 905-0962	DF S1
Name of Contact Person Area Code Daytime Telephone	Number 2
MAILING ADDRESS: STREET ADDRESS:	<b>*</b> ***********************************
Division of Corporations  Division of Corporations  Division of Corporations	

Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Enclosed is a check for the following amount:

▶ ≥125.00 Filing Fee

☐ \$130.00 Filing Fee & Certificate of Status



☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Procom Wireless, LLC	ST BUSINESS IN THE STATE OF FLORIDA.
1 1	nclude "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of Liability Company," "L.L.C," or "LLC.")	of transacting business in Florida. The alternate name must include "Limited
<sub>2.</sub> Georgia	<sub>3.</sub> 45-3680873
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
4.	
(Date first transacted business (See sections 605.0904 & 605.09	in Florida, if prior to registration.) 905, F.S. to determine penalty liability)
<sub>5.</sub> 2020 Avalon Pkwy., Suite	205-305
McDonough, GA 30253	
•	ress of Principal Office)
<sub>6.</sub> 2020 Avalon Pkwy., Suite	205-305
McDonough, GA 30253	
(Ma	ailing Address)
7. The name, title or capacity and address of the po	erson(s) who has/have authority to manage is/are:
Eric Robison, CEO (same a	as above)
Charles Peck, COO (same a	<u> </u>
Karen Jenkins, Acctg. Mgr.	77(0
Maren Jenkins, Accig. Mgr.	
having custody of records in the jurisdiction under t	o more than 90 days old, duly authenticated by the official the law of which it is organized. (A photocopy is not e, a translation of the certificate under oath of the translator
(In accordance with section 605.0203, F.S., the execution of this document of	f an authorized person constitutes an affirmation under the penalties of perjury that the facts stated herein are trainent of State constitutes a third degree felony as provided for in s.817.155, F.S.)
Typed or print	ted name of signee

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Procom Wireless, LLC				
If unavailable, the	ne alternate to be used	in the state of Florida is:		
2. The name and	d the Florida street add	dress of the registered agent and office are:		,
	CT Corpora	tion System		
		(Name)	- ^2	
1200 South Pine Island Rd.		2015 J		
Florida Street Address (P.O. Box NOT ACCEPTABLE)		JAN 3	Character of the Charac	
	Plantation	33324	SFI SYSE	j Smek

City/State/Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.

agreed via ema: /verbal

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

## STATE OF GEORGIA

Secretary of State Corporations Division 313 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CONTROL NUMBER DATE INC/AUTH/FILED : January 17, 2011

JURISDICTION : Georgia

PRINT DATE

: 11003469

: November 05, 2014

#### CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

### PROCOM WIRELESS LLC A Domestic Limited Liability Company

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



B: P.W

Brian P. Kemp Secretary of State

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